

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 0 3

2. STATE:

South Dakota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

CFR 42, Part 440, Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$11,613.00

b. FFY 2002 \$23,225.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A, page 39
Attachment 4.19-B, page 59. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement to Attachment 3.1-A, page 3
Attachment 4.19-B, page 5

10. SUBJECT OF AMENDMENT:

To allow coverage of treatment provided to substance abusing pregnant women.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

James W. Ellenbecker

14. TITLE:

Secretary

15. DATE SUBMITTED:

5/11/01

16. RETURN TO:

Department of Social Services
Office of Medical Services
700 Governor's Drive
Pierre, SD 57501-2291**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

May 16, 2001

18. DATE APPROVED:

5/13/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Spencer K. Ericson

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: May 14, 2001

SUPPLEMENT TO ATTACHMENT 3.1-A

20. Extended Services to Pregnant Women

- a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

Services payable include physician, inpatient/outpatient hospital, prescription drug, family planning, physician assistants, nurse practitioners, RHC's, FQHC's, clinics, medical equipment, prosthetic devices, home health services, and transportation services.

- b. Services for any other medical conditions that may complicate pregnancy.

Services payable include physician, inpatient/outpatient hospital, prescription drug, family planning, physician assistants, nurse practitioners, RHC's, FQHC's, clinics, medical equipment, prosthetic devices, home health services, and transportation services.

- c. Services related to pregnancy that may complicate pregnancy.

Services payable include physician, inpatient/outpatient hospital, prescription drug, family planning, physician assistants, nurse practitioners, RHC's, FQHC's, clinics, medical equipment, prosthetic devices, home health services, transportation services, and treatment for chemical dependency and substance abuse.

21. Ambulatory Prenatal Care for Pregnant Women Furnished During a Presumptive Eligibility Period by a Qualified Provider.

Not provided

TN # 01-003
SUPERSEDES
TN # 98-005

APPROVAL DATE 06/13/01 EFFECTIVE DATE 04-01-01

ATTACHMENT 4.19-B
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

- j. Chemical dependency and substance abuse treatment services. Payment will be at the lower of the provider's usual and customary charge for the service provided and the rates established by the indigent program by the State Department of Human Services.
- k. Private duty nursing. Payment will be at the hourly rate established for extended nursing services under section 7a of this attachment.
- l. School district services. The South Dakota Department of Social Services establishes fees for school district services following guidelines set in state statute. Fees are reviewed periodically and may vary for each school district. Payment will be at the fee set for a given provider as of the date of service.
- m. Prescription drugs. Payment will be made following the criteria established in section 12a.
- n. Occupational therapy. Payment will be made following criteria established in section 5 of this attachment.
- o. Mental health services provided in the home. Payment will be made following criteria established in section 9e of this attachment.
- p. Residential treatment services. Payment will be a prospective rate established following the reasonable and allowable cost guidelines under the Medicare program.
- q. Psychiatric facility inpatient services. Payment will be a prospective rate established following the reasonable and allowable cost guidelines under the Medicare Program.

Any other medical or remedial care. Payment will be made following criteria established in section 5 of this attachment.